

## Elderly See Themselves As in Good Health And Largely Independent

Most Americans 65 years and older rate their own health as good to excellent, need no assistance with basic activities, and are less likely each year to die from heart disease or stroke. This picture of their health and well being emerges from a comprehensive report, "Health Data for Older Americans" (7), from the National Center for Health Statistics (NCHS).

More people are living to old age, and their life expectancy has increased by almost 30 years during the past century. But, are these additional years healthy and productive, or are they ones of disability and dysfunction? The NCHS report addresses that question, with data on functioning, mortality, use of health care, and changes in health status.

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Services' Centers for Disease Control and Prevention (CDC).

The report updates and expands on a report on the health of the elderly first produced in 1986. The new volume contains information from virtually all NCHS data systems and provides data from other sources as well, describing health care financing, giving international comparisons, and providing data on long-term care. A subject matter guide directs users to 170 tables. To assist researchers and others in analyzing and using the data, the tables are available on PC diskette in Lotus 1-2-3 (2). A pocket-sized summary edition of the report has been published and a chartbook of key data is to be made available.

**Highlights.** The report shows that 7 of 10 persons 65 years and older rated their health as ranging from good to excellent. However, that percentage steadily decreased with age, with men more likely than women to have a good self-assessment of their health.

Almost three-quarters of elderly whites viewed their health as good to excellent, compared with more than half of elderly black men and women.

Most adults ages 65 years and older (77 percent) reported no difficulty with such activities of daily living as eating, toileting, dressing, bathing, walking, and going outside. Ten percent reported receiving the help of at least one person in performing those tasks. Most elderly persons reported no difficulty in preparing meals, shopping, managing money, or performing housework. However, men were more likely to be able to carry out those functions (81 percent) than were women (65 percent). Difficulty with the functions was associated with the effects of advancing age. Almost a quarter of the elderly received some help with the tasks.

Death rates for heart disease and stroke declined for the elderly during the 1980s, while the death rate for cancer increased, primarily because of substantial increases in lung cancer deaths attributable to smoking.

Medicare was the expected principal source of payment for 93 percent of hospital discharges for those 65 years and older. Medicare was the expected source of payment for visits to physicians' offices for more than 70 percent of the elderly. Nearly two-thirds of those 70 years and older had some private health insurance in addition to Medicare. For nursing home care, Medicaid was the principal source of payment for 50 percent of the elderly, but 44 percent paid for their care directly.

### Births to Unmarried Reach High

In other reported NCHS findings, the number of births to unmarried mothers reached a record high of 1,165,384 in 1990, 7 percent more than in 1989, and up 75 percent from 1980; in 1990, 28 percent of all births were to unmarried women (3). The report shows that increases in nonmarital birth rates were substantial for women in all age groups, except those 15 through 17 years. Rates rose by 6 to 8 percent for unmarried women 18 through 44 years and by 3 percent for those 15 through 17 years of age. Not only have age-specific rates for unmarried births risen

almost steadily since the mid-1970s, but the rates for 1990 were the highest observed in the 50 years for which national statistics were available.

Births to unmarried women rose faster for white women than for black women during the 1980s, doubled for white women, and rose 43 percent for black women. In 1990, 20 percent of births to whites and 67 percent of births to blacks were to unmarried women. Among births to Hispanic women, 37 percent were to those unmarried.

"Advance Report of Final Natality Statistics, 1990," presents birth statistics and trend data by such categories as racial and ethnic groups; the age, education, and marital status of the mother; and by indicators of infant health. Detailed statistics for Hispanic, American Indian, and Asian or Pacific Islander births are presented for the first time, as well as the usual categories of data for whites and blacks.

There were 4,158,212 babies born in 1990, a 3-percent increase over 1989, and the highest total since 1962. Provisional data for 1991 and 1992, however, show a decline, reflecting the aging of baby-boom women and fewer women in their 20s, peak childbearing ages.

Birth rates for women nearing the end of their childbearing years continued to rise with steady increases observed since the mid 1970s. From 1980 to 1990, the rate for women ages 35 through 39 years increased by 60 percent. With more women of those ages and with higher birth rates, there were more births in 1990 to women 35 through 39 years of age, almost a third of a million, than in any year since 1963. Mothers of Chinese and Japanese descent had a higher proportion of births in the age group 30 years and older, 60 percent, than any other racial or ethnic group.

For the fourth consecutive year, births to teenagers have risen, owing in part to a growing number of Hispanic teenagers and higher birth rates for young Hispanic women. NCHS researchers reported a 16-percent increase in the Hispanic teenaged population from 1985 to 1990, compared to a drop of 8 percent in the number of non-Hispanic teenagers. The rate for births to Hispanic teenagers (100.3 per

1,000 population) is more than double that for non-Hispanic teenagers (54.8). Increasing levels of sexual activity among all teenagers contributed to their rising rates of births.

Among Hispanics in this country, Mexican American and Puerto Rican teenaged girls had rates of births more than triple those for Cuban teenagers. When the data were examined by race for non-Hispanics, blacks had the highest teenage birth rate of 116.2 per 1,000. The next highest rate, 81.1 per 1,000 women ages 15 through 19 years, was recorded for American Indians.

The birth rate for white non-Hispanic teenagers was 42.5. The lowest rate (26.4) in 1990 was reported for Asian or Pacific Islander teenagers. Among them, Hawaiian Islands mothers had the highest proportion of teenage births. Only about half of all teenage mothers received prenatal care in the first trimester of pregnancy, even with some improvement in the timing of prenatal care for this group in recent years. Overall, 76 percent of all mothers began prenatal care in the first 3 months of pregnancy in 1990, showing little change in this proportion during the last decade.

Low birth weight, the major risk factor associated with infant mortality, is considerably higher among teenage mothers than all other mothers, but there are striking differences by race or ethnicity. At all ages, mothers of Chinese descent are least likely to have a low birth weight infant, and black mothers are most likely to do so. Overall, the rate of low birth weight has shown no improvement during the past 10 years, remaining at about 7 percent, resulting in almost 300,000 babies born at low birth weight in 1990.

Despite low levels of early prenatal care and high levels of teenaged child-bearing, Hispanic women had relatively favorable rates of low birth weight, possibly in part because of their lower rates of smoking.

Births for some racial and ethnic groups were concentrated geographically. Three States accounted for nearly 60 percent of births to Asians: California with 40 percent, Hawaii with 10 percent, and New York with 9 percent. Hispanic births in 1990 showed a similar pattern with 41 percent in California, 20 percent in Texas, 9 percent in New York, and 5 percent in Florida.

## NHIS Electronic Data Products

The National Health Interview Survey (NHIS) collects data on health status and the use of health care through interviews with members of households sampled to be representative of the civilian, noninstitutionalized population. New public use data tapes for 1991 from NHIS (4) contain information on acute and chronic conditions, numbers of restricted activity days, hospital bed days, work- or school-loss days, and visits to physicians. Data on sampled persons are in five types of records: health conditions, visits to physicians, hospital stays, household characteristics, and personal characteristics. The tape includes interview questionnaire information and is available from the National Technical Information Service.

NHIS includes different topics each year in response to needs for population-based data on current and emerging health issues. Tapes are available for purchase directly from NCHS, each \$200. Tapes are for 1989 through 1991 and cover special survey topics.

- *Teenage Attitudes and Practices Survey, 1989*, presents information about smoking behaviors and beliefs of 12- to 18-year-olds and correlates of smoking uptake, including school situations, family circumstances, social activities and selected health issues.

- *Assistive devices, 1990*, describes assistive technology devices and equipment for persons with disability or impairment, including frequency of device use, method of payments, and health conditions requiring device use. Data are included on home adaptation features designed for persons with disability.

- *AIDS knowledge and attitudes* includes sources of information on acquired immunodeficiency syndrome (AIDS), self-assessed level of AIDS knowledge, understanding basic facts about the AIDS virus and how it is transmitted, blood donation experience, awareness and experience with the blood test for the AIDS virus, self-assessed chances of contracting the AIDS virus, personal acquaintance with persons with AIDS or the AIDS virus, and a general question on AIDS risk behaviors.

- *Child health* contains information on childhood immunization, use of seat belts and safety seats, use of head-

gear and mouth guard during organized athletic activity, and information on functional disability.

- *Drugs and alcohol* contains information on lifetime and 12-month use of marijuana and cocaine, symptoms of dependence and abuse, and use of alcohol and selected prescription and nonprescription drugs.

- *Environmental health* includes information on exposure within the home to tobacco smoke and lead paint.

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*Copies of NCHS publications and information on NCHS programs and the availability of printed and electronic products may be obtained from the NCHS Scientific and Technical Information Branch, 6525 Belcrest Rd., Room 1064, Hyattsville, MD 20782; tel. (301) 436-8500.*

## References.....

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